

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11852

State File No.

FILED MAY 14 1954

BIRTH NO.		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>5373</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Jackson Twp</u>)		c. LENGTH OF STAY (In this place) <u>minutes</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		0402	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U. S. Highway 65</u>				d. STREET ADDRESS (If rural, give location) <u>1304 E. 12th st.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>OLIVER</u>		b. (Middle) <u>EUGENE</u>		c. (Last) <u>SMITH</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>8</u>		(Year) <u>1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 5, 1916</u>		9. AGE (In years last birthday) <u>37</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>employment</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>employment</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Oliver Emmett Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Gladys Marie Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Stella Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>yes</u>		16. SOCIAL SECURITY (If yes, give war or date of service) <u>W. W. II</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Stella Smith, Trenton, Mo</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed skull</u> ANTECEDENT CAUSES <u>crushed chest</u> <u>Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>seconds</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Jackson Twp, Grundy, Missouri</u>		(STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 8, 1954 9.00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>			
22. I hereby certify that I attended the deceased from <u>XXXXXX</u> 19 <u>54</u> , to <u>May 8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>XXXXXXX</u> , 19 <u>54</u> , and that death occurred at <u>9.00p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Donald H. Slater County Coroner</u>		23b. ADDRESS <u>Trenton, Mo.</u>		23c. DATE SIGNED <u>5-10-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maitland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maitland, Holt, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-10-54</u>		REGISTRAR'S SIGNATURE <u>He ne Jais</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald H. Slater</u>		ADDRESS <u>Trenton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 17 1955

MAY 21 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 44671

P. O. Address Trenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.